

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006500

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1228

FILED MAR 15 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Frank Ellis
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 28 YEARS		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) General Hospital		d. STREET ADDRESS (If outside, give location) 1309 TROOST AVENUE	
3. NAME OF DECEASED (Type or print) CARL Theodore Dreesen		4. DATE OF DEATH Month 2 Day 22 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/8/1897
9. AGE (last birthday) 65	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER AND MANAGER		10b. KIND OF BUSINESS OR INDUSTRY APARTMENT HOUSE
11. BIRTHPLACE (City and state or country) JOHNSTOWN, NEBR.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME DETLEF H. DRESSEN		13b. MOTHER'S MAIDEN NAME ANNA CHRISTINA JOHANK	
14. NAME OF HUSBAND OR WIFE LEONA FRANCES DRESSEN		Address 1309 TROOST AVENUE KANSAS CITY, MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WORLD WAR		16. SOCIAL SECURITY NO. 75	
17. INFORMANT LEONA FRANCES DRESSEN		Address 1309 TROOST AVENUE KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY Perf. Sigmoid, Peritonitis, Hemorrhage into		INTERVAL BETWEEN ONSET AND DEATH Adrenals	
IMMEDIATE CAUSE (a) Perf. Sigmoid, Peritonitis, Hemorrhage into		DUE TO (b) _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:30 a.m. 5:30 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KANSAS CITY, MISSOURI
21. I attended the deceased from 2-14-63 to 2-22-63 and last saw her alive on 2-22-63 Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Frank Ellis (Degree or title)	
22b. ADDRESS K.C. Mo.		22c. DATE SIGNED 2-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB 25, 1963	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	25. DATE RECD. BY LOCAL REG. 2-25-63	26. REGISTRAR'S SIGNATURE Ruth H. Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Samuel J. Sweet*

Licensed Embalmer No. 4096

P. O. Address H. C. Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.